

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44024 OF 44301

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

**A. JAMES G. GOFF**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Mailing Address 4925 MINNETONKA BOULEVARD 503

City	State	Zip Code
SAINT LOUIS PARK	MN	55416

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB28A\_27869139**

Amount of Each Disbursement this Period

10.00
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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for BERNIE  
2016 (C00577130)

Full Name (Last, First, Middle Initial)

**B. MYRNA GOLDMAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Mailing Address 1104 ANA PRIVADA

City	State	Zip Code
MOUNTAIN VIEW	CA	94040

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB28A\_27887479**

Amount of Each Disbursement this Period

10.00
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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**C. PHILIP GOODMAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Mailing Address 411 WEST END AVE

City	State	Zip Code
NEW YORK	NY	10024

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB28A\_26573203**

Amount of Each Disbursement this Period

5.00
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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00
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